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| USTB Reviewer Signature _____ | AI # _____ |
| Claim Reviewer Signature _____ | |
| REIMBURSEMENT WORKSHEET | |
| INITIAL ABATEMENT & FREE PRODUCT RECOVERY | |
| (1) Mobilization and Demobilization of Personnel to the Regulated Facility. | |
| _____ miles x \$1.75 = \$0.00 Personnel oversight (round trip) | |
| 5 miles x _____ = \$0.00 additional mileage | \$0.00 |
| The one way mileage from the contractors office to the facility is _____ miles. | |
| (2) Per Diem. | |
| _____ days x \$110.00 = \$0.00 | \$0.00 |
| (3) Field Equipment. | |
| _____ day(s) x \$150.00 = \$0.00 Field Equipment | |
| _____ day(s) x \$50.00 = \$0.00 Tools of the Trade | \$0.00 |
| (4) Pumping, Treatment and Discharge of Contaminated Water from a Mobile Unit. | |
| _____ gallons x \$0.45 = \$0.00 | |
| _____ miles x \$3.50 = \$0.00 Mobilization of equipment (round trip) minimum \$350.00 | \$0.00 |
| (5) Pumping and Transportation of Contaminated Pit Water or Groundwater from an Open Pit. | |
| _____ gallons x \$0.25 = \$0.00 minimum \$600.00 | \$0.00 |
| (6) Disposal of Contaminated Pit Water or Groundwater in Wastewater Treatment Plant or Recycling Facility. | |
| max allowed _____ gallons x \$0.45 = \$0.00 | |
| actual cost _____ cost + 8% = \$0.00 | \$0.00 |
| (7) Transportation of Drummed Hazardous Waste or Purged Water. | |
| _____ drums x \$100.00 = \$0.00 | \$0.00 |
| (8) Disposal of Drummed Hazardous Waste or Purged Water. | |
| actual cost _____ cost + 8% = \$0.00 | |
| _____ drums x \$80.00 = \$0.00 | |
| _____ drums x \$35.00 = \$0.00 cost of drum | \$0.00 |
| (9) Installation of Recovery Well | |
| _____ wells x \$1,855.00 = \$0.00 | |
| additional _____ feet x \$75.00 = \$0.00 | |
| _____ miles x \$3.50 = \$0.00 Equipment Mob/demob (round trip) minimum \$350.00 | \$0.00 |
| (10) Surveying, per Recovery Well | |
| _____ well x \$100.00 = \$0.00 | \$0.00 |
| (11) Free Product Recovery (by hand bailing) | |
| _____ well x \$65.00 = \$0.00 | \$0.00 |

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| (12) DPE Event (Dual Phase Extraction) | |
| up to 24 hours (1 day) _____ day | x \$3,000.00 = \$0.00 |
| over 24 hours _____ days | x \$1,500.00 = \$0.00 |
| _____ miles | x \$3.50 = \$0.00 Equipment Mob/demob |
| (round trip) _____ | minimum \$350.00 |
| _____ miles | x \$1.75 = \$0.00 Personnel oversight |
| (round trip) _____ | \$0.00 |
| (13) Laboratory Analysis | |
| BTEX (MTBE included) _____ | x \$75.00 = \$0.00 |
| MTBE (drinking water only) _____ | x \$75.00 = \$0.00 |
| PAH _____ | x \$207.00 = \$0.00 |
| Lead _____ | x \$45.00 = \$0.00 |
| Sludge and Cleaning Liquid Samples | |
| Metals _____ | x \$280.00 = \$0.00 |
| Volatiles _____ | x \$335.00 = \$0.00 |
| Acid/base/neutrals _____ | x \$430.00 = \$0.00 |
| Pesticides and Herbicides _____ | x \$330.00 = \$0.00 |
| Ignitability _____ | x \$50.00 = \$0.00 |
| Paint Filter Test _____ | x \$43.00 = \$0.00 |
| Ph _____ | x \$35.00 = \$0.00 |
| Other _____ | + 15% = \$0.00 |
| (for lab analysis directed by the cabinet not listed above, must submit actual invoice) | |
| (14) Reporting | |
| Initial Abatement _____ | x \$1,123.00 = \$0.00 |
| Free Product Recovery _____ | x \$657.00 = \$0.00 |
| Dual Phase Report _____ | x \$1,299.00 = \$0.00 |
| Other Reporting _____ | x \$500.00 = \$0.00 |
| TOTAL ENTRY LEVEL | |
| \$0.00 | |
| \$0.00 | |

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| REIMBURSEMENT WORKSHEET | |
| INITIAL ABATEMENT & FREE PRODUCT RECOVERY | |
| WORK COMPLETION FORM | |
| (15) _____ | |
| Name of Owner/Operator | |
| (16) _____ | |
| Mailing Address | |
| (17) _____ | |
| City | State Zip |
| (18) _____ | |
| Name of Contact Person | Telephone Number |
| <p>I certify under penalty of law that this documents and all attachments were prepared under my direction or supervision, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate and complete. I certify that all costs are necessary and were actually incurred in the performance of corrective action. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person certified under 401 KAR 42:314 and 42:316 and my (our) certification is in good standing.</p> | |
| (19) _____ | (21) _____ |
| Applicant Signature Date | Certified Contractor Signature CC # |
| (20) _____ | (22) _____ |
| Title of Applicant/Authorized Representative | Certified Company Rep. Signature Certified Co. # |
| FOR STAFF USE ONLY | |
| File #: _____ | State Financial Responsibility _____ |
| Account #: _____ | Total Amount Obligated: _____ |
| Vendor #: _____ | Total Amount Paid: _____ |
| Claim #: _____ | Amount Recommended: _____ |
| Staff: _____ | |
| Branch Manager: _____ | |
| Cabinet Approval _____ | |